

25 January 2008

Officer in Charge – BRAC  
National Naval Medical Center  
8901 Wisconsin Ave  
Bethesda, MD 20889

**SUBJECT: Maplewood Citizens Association Official Comments on the  
14 December 2007 Navy Draft Environmental Impact Statement:  
2005 BRAC actions involving NNMCMC/Walter Reed Army Medical Center**

Dear Sir:

Maplewood Citizens Association appreciates the opportunity to comment (see 10 page attachment) on the Navy Draft Environmental Impact Statement (DEIS) as it pertains to the 2005 Base Realignment and Closure (BRAC) consolidation move of Walter Reed Army Medical Center (WRAMC) to the National Naval Medical Center (NNMC) by September 2011. The residential neighborhood of Maplewood is bordered by W. Cedar Ln on the South, Old Georgetown Rd to the West, Pooks Hill Rd to the North and Rockville Pike/Rt 355 to the East.

Maplewood is supportive of the NNMCMC/WRAMC BRAC in its goal to establish a world class military medical center while remaining resolute in its goal to insure that the livability of and the accessibility to its community is not compromised with this BRAC action. It is imperative that the Department of Defense/Navy take the lead to dutifully mitigate the BRAC impact on the surrounding area. The mere location of this BRAC in this urban setting requires the Department of Defense/Navy to acknowledge the exponential impact this BRAC will cause. It also underscores the responsibility that the Department of Defense/Navy bears to insure that this BRAC consolidation does not alter the area's fine residential qualities.

It is our hope that the Department of Defense/Navy can prove to our residents that the federal government can, indeed, achieve this worthy high profile critical mission BRAC in the spirit of neighborly cooperation that will preserve the integrity of Bethesda and make us all glad that we are neighbors to the new Walter Reed National Military Medical Center.

Sincerely,

Allen Myers  
President, Maplewood Citizens Association

Attachment

25 January 2008

**MEMO FOR THE RECORD**

**SUBJECT: Maplewood Citizens Association Official Comments on the Navy's Draft Environmental Impact Statement (DEIS) – NNMCM/WRAMC BRAC**

**FROM: Maplewood Citizens Association  
PO Box 2483  
Kensington, MD 20891-2483  
Tel: (301) 530-6080**

This BRAC action will have a tremendous impact on the residents of Maplewood and we respectfully urge your careful consideration of our comments and recommendations for inclusion in the Final Environmental Impact Statement.

Accurate and current data and analyses are vital for proper planning purposes. In reviewing the DEIS, the Maplewood Citizens Association has identified the following serious concerns about the DEIS which undermine our confidence in the BRAC process:

- 1. The DEIS understates and minimizes the impact that BRAC will have on surrounding neighborhoods and traffic in the area;**
- 2. Use of unsubstantiated, inconsistent data and a lack of details makes evaluation of the DEIS difficult and raises serious questions about the reliability of data and analyses;**
- 3. The DEIS focus on BRAC within the NNMCM gates with minimal regard, at best, for how this BRAC fits into and will function in a very confined, well-established area of neighborhoods and an increasingly dense business district;**
- 4. Navy's assumption that BRAC does not meet Defense Access Roads (DAR) program criteria;**
- 5. The DEIS dismissal of the I-495 dedicated ramp to NNMCM;**
- 6. The lack of a Traffic Management Plan in DEIS;**
- 7. The DEIS overall apparent lack of priority interest in improving current traffic and environmental issues such as air quality;**
- 8. The DEIS lack of focus on short-term and long-term housing needs of patients/visitors.**

The Navy's Final EIS must:

- **Reflect more accurate and substantiated traffic projections;**
- **Reflect a greater sense of urgency for resolving traffic implications;**

- Provide solid and innovative solutions for the very real traffic problems that lie ahead outside the NNMC fence so that the critical mission inside the NNMC fence can be accomplished.

It is imperative that the DOD/Navy facilitate the success of this BRAC through funding of measures that will preserve the livability and integrity of the surrounding neighborhoods and the downtown business district.

**1. The DEIS understates and minimizes the impact BRAC will have on the surrounding neighborhoods by:**

- Excluding recently approved and planned development projects primarily in, but not limited to, the Rt. 355 corridor from NNMC /Rt 355 north to Old Georgetown Rd and from NNMC/Rt 355 south to Old Georgetown Rd. (DEIS-Table 4-19).
- Focusing on BRAC related incremental changes to traffic – this approach offers a myopic view of the nearby currently congested intersections. The mere fact that intersections are already congested is not an excuse to abdicate responsibility for BRAC traffic and its mitigation. In fact, given this high profile critical mission BRAC, the current traffic congestion should serve as an impetus for the DOD/Navy to implement every means available including funding to resolve the congestion rather than simply minimize the BRAC impact.
- Use of traffic data and analyses that do not support the current traffic reality such as the comparison of DEIS and MNCPPC data on 13 common intersections which indicate that DEIS may have underestimated current traffic volumes by an average of 17%.

**2. The quality and appropriateness of the data and methodologies used in the DEIS are questionable, rendering it impossible to validate and difficult to evaluate the resultant projections and assessments.**

- Neither the DEIS nor supporting documents delineate or explain how key numbers were derived, making it impossible to validate these.

Example: The figure of 484,000 additional annual patients and visitors (DEIS Appendix C-pg 48) is stated and treated as fact without indicating how this number was derived. Neither does the DEIS address how this number relates to the current 600,000+ annual visitors and patients at Walter Reed.

- The DEIS uses inconsistent numbers, raising questions of accuracy as well as consistency, and rendering an evaluation of the DEIS difficult.

Example: According to the NNMC website there are 4,540 employees, but the Transportation Study (DEIS Appendix C -page 1) states that there

are 8,000 NNMC employees and it uses this number to develop trip generation rates.

Example: This same Appendix states that 24 percent of NNMC employees are enrolled in the transit subsidy program (USDOT Mass Transportation Fringe Benefit Program); the July 2007 NNMC employee survey found that only 15 percent of employees use some form of mass transit.

- The DEIS uses generic and/or unsubstantiated methods and assumptions when both specific and reliable data are available and should be used.

Example: A July 2007 NNMC employee transportation survey with 1,285 responses and a Walter Reed employee survey (July 07) provide details on the different residential distribution of the two locales' employees. Rather than using this data to develop traffic projections for the relocated employees, the DEIS uses existing NNMC employee traffic patterns. Employee surveys at NNMC and Walter Reed represent a significant resource for traffic planning purposes and should be redone using a single survey technique as thorough as the July 07 NNMC survey. The results should be included in the Final EIS.

**3. The DEIS treats BRAC as an island unto itself with an apparent lack of focus on the importance of close coordination and communication with surrounding neighborhoods, NIH and Suburban Hospital. We recommend that Navy establish a Community Liaison Council (CLC) similar to that of NIH for the purpose of maintaining a line of communication between Navy and its neighbors. We also recommend that DOD/Navy accept the NIH offer to serve as a cooperating agency and collaborate with NIH on ways to reduce single occupancy vehicle (SOV) use by their respective employees, patients and visitors. We are proud to have such a prominent neighbor with such a critical mission, but ongoing communication and cooperation are crucial.**

**4. The DEIS dismissal of BRAC as not qualifying under the Defense Access Road (DAR) program guidelines is unfortunate and deserves to be revisited given that this BRAC will occur in a confined, urban, and well-established residential area near an increasingly dense business district and where major access roads are already heavily congested. This BRAC will significantly increase the daily traffic during peak and non-peak hours throughout the day which will challenge the efficient access to NNMC. It would seem incumbent upon DOD/Navy, in their interest to insure the success of this high profile critical mission BRAC merger, to accept funding responsibilities for road improvements outside the NNMC fence. The critical mission inside the fence is contingent to a large degree on what happens outside the fence given the urban locale.**

5. **The DEIS dismissal of the I-495 dedicated ramp to NNMC should be revisited.** Despite its label as a long-term project, the I-495 dedicated ramp should be included in an expedited Rt 355 corridor study to provide an efficient, timely and comprehensive review of traffic congestion solutions. Such a ramp would provide a direct employee and patient/visitor access route to NNMC throughout the day thereby reducing the BRAC traffic impact on nearby major roads and perhaps obviate the need for some other less effective road improvements.

6. **Lack of a Transportation Management Plan (TMP) in the DEIS is an unfortunate key omission** for the purpose of the DEIS and for timely planning purposes. Given that the employees being relocated to NNMC are already employed at Walter Reed, it would be prudent and relatively easy to begin developing strategies for these employees to evaluate and adopt prior to their relocation.

7. **This BRAC should serve as a model to the nation not only in its conformity to Executive Order 12088: "Federal Compliance with Pollution Control Standards" and Executive Order 13423: "Strengthening Federal Environment, Energy and Transportation Management" 24 January 2007 as they relate to this project (traffic and environmental issues such as waste management and air quality), but in identifying actions to a) actually reduce rather than add to the "de minimus" levels of pollution and b) reduce SOV use.**

8. **Assuming that on-base housing will not provide all housing necessary for patients/visitors, it is important to address the short-term and long-term needs of these individuals and the implications of where suitable housing might be located.**

#### **Specific Comments, organized by DEIS Section**

- **4.1 Geology, Topography, and Soils**
- **4.2 Water Resources**
- **4.3 Biological Resources**
- **4.4 Air Quality**

In view of Executive Orders 12088 and 13423, it is recommended that the DEIS address the environmental impact on air quality and climate given:

- a) the anticipated additional vehicular miles traveled by the 2,500 additional employees and the additional yearly 484,000 patients and visitors;
- b) the increased car idling due to traffic congestion on nearby roads which would significantly increase the levels of particulates, carbon monoxide and ground level ozone.

Please provide details on how it was determined the BRAC action would be below “de minimis” and explain why this BRAC action should not serve as an impetus to improve air quality rather than add to the “de minimis” levels.

- **4.5 Noise**

Insure use of current data in evaluating noise levels. Provide details on the purpose of current and projected helicopter landings to include percentage of non- medevac/medical related landings. The DEIS provides no credible analysis of the BRAC related increase in helicopter traffic given BRAC’s urban location and the anticipated significant increase in traffic congestion which might lead to increased use of helicopters to transport patients.

Insure compliance with all local and State noise regulations as required by Executive Order 12088.

- **4.6 Utility Infrastructure**

Insure compliance with Executive Order 13423 regarding waste management.

- **4.7 Transportation**

- ❖ **I-495 Beltway Dedicated Ramp:**

Request an immediate study of the I-495 Beltway dedicated ramp to NNMC in conjunction with the Rt 355 corridor study. A dedicated ramp would provide a direct employee and patient/visitor access route to NNMC thereby reducing BRAC traffic impact on nearby major roads. A comprehensive study which includes the I-495 dedicated ramp would aid in selecting the most effective long and short term road improvements. In its assessment of the potential I-495 slip ramp (Appendix C-pg 68) the Transportation Study does not explain the derivation of Table 16 peak hour trip figures and excludes non-rush hour projected use.

- ❖ **Reversible Lanes:** Consider use of reversible lanes for Rt 355 from Pooks Hill Rd/I-495 to as far as possible into downtown Bethesda. The

reversible lane approach using individual lane arrows has been used successfully in many cities in the US including on Connecticut Ave in Washington, D.C., on Georgia Ave near the I-495 Beltway interchange in Silver Spring, and on Colesville Rd/Rt 29 in Silver Spring. This is an effective traffic management tool and might delay the need for possible expansion of Rt 355 for some time into the future.

❖ **Detailed Construction Plan:**

The Final EIS needs to detail a plan to handle construction issues such as a) hours of construction work (especially important if BRAC is to be accelerated), b) number of construction workers and their parking arrangements at any given point during the project and c) traffic impact of construction related vehicles using North Wood Dr as the dedicated entrance. Construction vehicle traffic does not flow at the same speed as passenger vehicles. Reliable shuttle bus service for all construction workers to the work site should be provided to eliminate parking impact on surrounding neighborhoods

❖ **TMP Development and Implementation:**

A primary aim should be to reduce SOV use and encourage mass transit by:

- Constructing a Metro entrance on NNMC property with a pedestrian link (above or below ground) to the NIH Medical Center Metro stop. This will provide safe and efficient pedestrian passage between NNMC and the metro and facilitate vehicular flow on Rt. 355.
- Publicizing mass transit opportunities and promoting the federal government's mass transit subsidy program. (Note: The July 07 NNMC employee transportation survey involving 1,285 respondents revealed that 88% are not reimbursed for commuting each month while about 11% receive some reimbursement. The survey also reveals that 72% of the 1,285 respondents drive alone (SOV).
- Implementing changes that encourage and support transit use such as providing flexible work schedules, establishing express bus services and vanpools from residential communities and increasing the availability of daycare services on-site.
- Using distant satellite parking facilities with shuttle buses and perhaps coordinated with NIH and Suburban Hospital if feasible.
- Consider opportunities for NNMC to collaborate with NIH and Suburban Hospital on use of carpools and vanpools.

- Focusing on bike and pedestrian initiatives that provide significant buffers from arterial roads and that greatly enhance the safety of commuting by bicycle and on foot.
  - Road improvements and changes in checkpoint security measures at all NNMC entrances to eliminate queuing of cars on arterial roads outside NNMC gates.
- ❖ **The Transportation Study needs to expand its area of study** to include:
- a) I-495 dedicated ramp to NNMC;
  - b) The Rt 355 corridor to Old Georgetown Rd (near Marinelli Rd) factoring in the planned development at White Flint, Strathmore, Lionsgate, Trillium, Metro Center 3 as well as other developments approved or proposed for construction and not reflected in DEIS Table 4-19;
  - c) Old Georgetown Rd from W. Cedar Ln south to Rt 355 (downtown Bethesda) with special focus on Greentree Rd and Huntington Parkway and factoring in Suburban Hospital expansion plans;
  - d) Old Georgetown Rd from W. Cedar Ln north to the I-270 ramps.
- ❖ **The Transportation Study does not analyze the off-peak hour traffic** involving the additional 484,000 patients and visitors per year and how this 484,000 figure, given the current traffic congestion, is likely to prolong morning and afternoon rush hours. The DEIS traffic counts show that congestion is significant at the very beginning and end of each “peak period” which reflects the fact that the true peak (or congested) periods in this corridor extend beyond those used. The Transportation Study included the daily portion of the 484,000 (1,862 daily) patients and visitors into the peak rush hour figures to provide a worst-case scenario which does not accurately picture what the reality is likely to be. Given the current traffic congestion, Maplewood is not appeased by the conclusion (DEIS Executive Summary ES-14) “that neighbors may notice the increased traffic during non-rush hours, although conditions will be within the capacity of roadways”.
- ❖ **The Transportation Study and Traffic Projections need to be revised to address the following critical discrepancies and inaccuracies:**
- The traffic counts taken for the DEIS consistently underreport a.m. and p.m. peak traffic compared with MNCPPC counts for the same intersections (as reported in the Maryland-National Capital



- **The projected trip distribution pattern at the 5 NNMC access points (Figure 17, page 53, Transportation Study, Appendix C) is not consistent with the DEIS traffic counts on which it is based.**

The DEIS turn counts for current traffic in and out of NNMC have 67% of the inbound a.m.-peak traffic accessing NNMC via Rt. 355 southbound, but the projected trip distribution pattern only has 45% entering via this route. The turn counts have 56% of p.m.-peak departures from NNMC exiting onto Rt. 355 northbound, but the projected trip distribution pattern has 45% using this route. The turn counts themselves are questionable, if for no other reason than because they counted 27% more vehicles entering NNMC during the a.m. peak than departing during the p.m. peak.

- **The DEIS based BRAC traffic and travel patterns on current NNMC data even though existing residential data for Walter Reed employees (who are expected to maintain their current residential locations and commute to NNMC) clearly indicate that their traffic and travel patterns will differ from those of current NNMC employees. (The employee residential location surveys at NNMC and Walter Reed show very different residential distribution among the employees at the two campuses.)**

While 53% of NNMC's employees reside in Montgomery County, only 27% of the Walter Reed employees reside in Montgomery County. On the other hand, 30% of Walter Reed's employees reside in Prince George's County, compared to only 11% of NNMC's. Residential distribution differences exist for all but the 1% "other" residential location.

- The DEIS and supporting appendices state that there will be 2500 parking spaces available for the relocated employees, visitors, and patients. However, the NNMC parking utilization survey found that only 77% of NNMC's existing capacity is used, leaving 1438 existing NNMC parking spaces available. **The result is that there will be a net of 3938 parking spaces available for the additional employees, patients and visitors.**

That is enough parking for all of the DEIS-projected 2200 employees and all but 124 of the DEIS-projected 1862 daily visitors and patients – if they are all parked on campus at the same time.

Allowing for some distribution of patients and visitors throughout the day, there would be absolutely no shortage of parking to encourage anything but SOV travel.

- **The DEIS does not sufficiently justify or explain the derivation of its assumed “15% reduction in trips using modes other than auto.”** After citing 24% current NNMC Transit Check enrollment (which is not consistent with the 2006 NNMC employee survey finding of only 10% receiving subsidies, and only 15% using transit), and a WMATA survey of office locations inside the Beltway and within ¼ mile of a transit station (the plethora of parking available at NNMC renders the site substantially different from the majority reflected in the WMATA survey), the DEIS states that the apparently arbitrary rate of 15% was deemed conservative and therefore acceptable.
- **The DEIS does not address the traffic congestion that will occur from BRAC relocation until roadway improvements are completed.** Apart from the questionable impact of the roadway improvements suggested in the DEIS (especially given the unavoidable lane restrictions to Rt. 355 north and south of NNMC), these improvements are not far enough along in the planning and programming processes to expect them to be completed by 2011. Additionally, there is no consideration of the corridor traffic impacts during construction of these improvements.

**Comments on “Potential Measures to Address Traffic Impacts from NNMC Actions” (DEIS, ES-18-20)**

a) **The suggestion of adding one lane to Rt. 355 in each direction between W. Cedar Ln and Jones Bridge Rd should be viewed in the context of what happens to traffic to the north and south of that stretch.** Given the short distance between the aforementioned roads, there might be other more effective road improvements.

b) **W. Cedar Ln should not be turned into a major thoroughfare.** Maplewood is concerned about the potential for increased traffic speed and pedestrian safety on W. Cedar Ln. Given W. Cedar Ln’s current configuration, **elimination of parking on the south side of W. Cedar Ln**

to accommodate traffic from an additional left turn lane on southbound Old Georgetown Rd at W. Cedar Ln (Appendix C- Transportation Study, pg ix) would, in effect, necessitate the elimination of left turn lanes into Maplewood at 6 primary neighborhood access points along W. Cedar Ln. Maplewood needs to retain this left turn lane capability along W. Cedar Ln. for the following reasons: a) it facilitates resident ingress at the 6 access points along W. Cedar Ln; b) it accommodates residents exiting Maplewood onto eastbound W. Cedar Ln; and c) it reduces increased internal neighborhood traffic where drivers may find it easier to use one of Maplewood's 3 signalized egress points instead. Finally, elimination of parking on the south side of W. Cedar Ln might encourage drivers of these cars (NIH employees who have no on-site parking available) to search for parking in Maplewood.

c) Any consideration of a **grade separation at the intersection of W. Cedar Ln and Rt 355 would meet with great resistance** from Maplewood. A grade separation would severely impact the adjacent neighborhoods, NIH, Stone Ridge School, and the Marriott Boy Scouts. In addition, it would have a significant impact on an environmentally sensitive area (stream which passes through NIH and the southern portion of Locust Hills) and involve significant land acquisition. The Maplewood community does not support, and in fact strongly opposes, a grade separation at this intersection.

- ❖ Transportation Study Correction Requested: Appendix C, page 9 Diagram # 5 is incorrect. Of the three Cedar Ln westbound lanes at Rt 355, the middle lane is a left turn lane in addition to being a through lane.

- 4.8 Cultural Resources
- 4.9 Land Use and Zoning
- 4.10 Socioeconomics

The DEIS does not address the issue of potential short and long-term off-base housing needs of patients and visitors. This is important given that reasonably priced accommodations will likely being located at a distance from NNMC that may further contribute to traffic and vehicular miles traveled if not located in an area served by mass transit.

- 4.11 Human Health and Safety
- 4.12 Cumulative Impacts

**End of Comments**